Remarks on the Ebola Outbreak in West Africa at the Centers for Disease Control and Prevention in Atlanta, Georgia

September 16, 2014

Good afternoon, everybody. Please be seated. I want to thank Dr. Frieden and everybody here at the Center for Disease Control and Prevention for welcoming me here today. Tom and his team just gave me an update on the Ebola outbreak in West Africa, our efforts to help mobilize the international community to fight it, and the steps that we're taking to keep people here at home safe.

Tom and his team are doing outstanding work. And between the specialists they have on the ground in West Africa and here at headquarters, they've got hundreds of professionals who are working tirelessly on this issue. This is the largest international response in the history of the CDC. After this, I'll be meeting with some of these men and women, including some who recently returned from the frontlines of the outbreak. And they represent public service at its very best. And so I just want them to know how much the American people appreciate them. Many of them are serving far away from home, away from their families. They are doing heroic work and serving in some unbelievably challenging conditions, working through exhaustion, day and night, and many have volunteered to go back. So we are very, very proud of them.

Their work and our efforts across the Government is an example of what happens when America leads in confronting some major global challenges. Faced with this outbreak, the world is looking to us, the United States, and it's a responsibility that we embrace. We're prepared to take leadership on this to provide the kinds of capabilities that only America has and to mobilize the world in ways that only America can do. That's what we're doing as we speak.

First and foremost, I want the American people to know that our experts, here at the CDC and across our Government, agree that the chances of an Ebola outbreak here in the United States are extremely low. We've been taking the necessary precautions, including working with countries in West Africa to increase screening at airports so that someone with the virus doesn't get on a plane for the United States. In the unlikely event that someone with Ebola does reach our shores, we've taken new measures so that we're prepared here at home. We're working to help flight crews identify people who are sick, and more labs across our country now have the capacity to quickly test for the virus. We're working with hospitals to make sure that they are prepared and to ensure that our doctors, our nurses, and our medical staff are trained, are ready, and are able to deal with a possible case safely.

And here, I've got to commend everybody at Emory University Hospital. I just had the opportunity to meet with Doctors Gartland and Ribner and members of their team and the nurses who—sorry, doctors, but having been in hospitals, I know—[laughter]—they're the ones really doing the work. And I had a chance to thank them for their extraordinary efforts in helping to provide care for the first Americans who recently contracted the disease in Africa. The first two of those patients were released last month and continue to improve. And it's a reminder for the American people that, should any cases appear in the United States, we have world-class facilities and professionals ready to respond. And we have effective surveillance mechanisms in place.

I should mention, by the way, that I had a chance to see Dr. Brantly in the Oval Office this morning. And although he is still having to gain back some weight, he looks great. He looks strong, and we are incredibly grateful to him and his family for the service that he has rendered to people who are a lot less lucky than all of us.

As we all know, however, West Africa is facing a very different situation, especially in the hardest hit countries: Liberia, Sierra Leone, and in Guinea. Tom and others recently returned from the region, and the scenes that they describe are just horrific. More than 2,400 men, women, and children are known to have died, and we strongly suspect that the actual death toll is higher than that. Hospitals, clinics, and the few treatment centers that do exist have been completely overwhelmed. An already very weak public health system is near collapse in these countries. Patients are being turned away, and people are literally dying in the streets.

Now, here's the hard truth: In West Africa, Ebola is now an epidemic of the likes that we have not seen before. It's spiraling out of control. It is getting worse. It's spreading faster and exponentially. Today, thousands of people in West Africa are infected. That number could rapidly grow to tens of thousands. And if the outbreak is not stopped now, we could be looking at hundreds of thousands of people infected, with profound political and economic and security implications for all of us. So this is an epidemic that is not just a threat to regional security, it's a potential threat to global security if these countries break down, if their economies break down, if people panic. That has profound effects on all of us, even if we are not directly contracting the disease.

And that's why, 2 months ago, I directed my team to make this a national security priority. We're working this across our entire Government, which is why today I'm joined by leaders throughout my administration, including from my national security team.

And we've devoted significant resources in support of our strategy with four goals in mind. Number one, to control the outbreak. Number two, to address the ripple effects of local economies and communities to prevent a truly massive humanitarian disaster. Number three, to coordinate a broader global response. And number four, to urgently build up a public health system in these countries for the future, not just in West Africa, but in countries that don't have a lot of resources generally.

Now, this is a daunting task. But here's what gives us hope. The world knows how to fight this disease. It's not a mystery. We know the science. We know how to prevent it from spreading. We know how to care for those who contract it. We know that if we take the proper steps, we can save lives. But we have to act fast. We can't dawdle on this one. We have to move with force and make sure that we are catching this as best we can, given that it has already broken out in ways that we had not seen before.

So today I'm announcing a major increase in our response. At the request of the Liberian Government, we're going to establish a military command center in Liberia to support civilian efforts across the region, similar to our response after the Haiti earthquake. It's going to be commanded by Major General Darryl Williams, a commander of our armed—Army forces in Africa. He just arrived today and is now on the ground in Liberia. And our forces are going to bring their expertise in command and control, in logistics, in engineering. And our Department of Defense is better at that, our Armed Services are better at that, than any organization on Earth.

We're going to create an airbridge to get health workers and medical supplies into West Africa faster. We're going to establish a staging area in Senegal to help distribute personnel and aid on the ground more quickly. We are going to create a new training site to train thousands of health workers so they can effectively and safely care for more patients. Personnel from the U.S. Public Health Service will deploy to the new field hospitals that we're setting up in Liberia. And USAID will join with international partners and local communities in a Community Care Campaign to distribute supplies and information kits to hundreds of thousands of families so they can better protect themselves.

We're also going to build additional treatment units, including new isolation spaces and more than a thousand beds. And in all our efforts, the safety of our personnel will remain a top priority. Meanwhile, our scientists continue their urgent research in the hope of finding new treatments and perhaps vaccines. And today I'm calling on Congress to approve the funding that we've requested so that we can carry on with all these critical efforts.

Today, the United States is doing even more. But this is a global threat, and it demands a truly global response. International organizations just have to move faster than they have up until this point. More nations need to contribute experienced personnel, supplies, and funding that's needed, and they need to deliver on what they pledge quickly. Charities and individual philanthropists have given generously, and they can make a big difference. And so we're not restricting these efforts to governmental organizations, we also need NGOs and private philanthropies to work with us in a coordinated fashion in order to maximize the impact of our response.

This week, the United States will chair an emergency meeting of the U.N. Security Council. Next week, I'll join U.N. Secretary-General Ban Ki-moon to continue mobilizing the international community around this effort. And then, at the White House, we're going to bring more nations together to strengthen our global health security so that we can better prevent, detect, and respond to future outbreaks before they become epidemics.

This is actually something that we had announced several months ago at the G–7 meeting. We determined that this has to be a top priority; this was before the Ebola outbreak. We anticipated the fact that in many of these countries with a weak public health system, if we don't have more effective surveillance, more effective facilities on the ground, and are not helping poor countries in developing their ability to catch these things quickly, that there was at least the potential of seeing these kinds of outbreaks. And sadly, we now see that our predictions were correct. It gives more urgency to this effort—a global health initiative—that we have been pushing internationally.

Let me just close by saying this: The scenes that we're witnessing in West Africa today are absolutely gut wrenching. In one account over the weekend, we read about a family in Liberia. The disease had already killed the father. The mother was cradling a sick and listless 5-year-old son. Her other son, 10-years-old, was dying too. They finally reached a treatment center, but they couldn't get in. And said a relative, "We are just sitting."

And these men and women and children are just sitting, waiting to die, right now. And it doesn't have to be this way.

The reality is that this epidemic is going to get worse before it gets better. But right now the world still has an opportunity to save countless lives. Right now the world has the responsibility to act, to step up, and to do more. The United States of America intends to do more. We are going to keep leading in this effort. We're going to do our part, and we're going to continue to make sure that the world understands the need for them to step alongside us as well in order for us to not just save the lives of families like the one I just discussed, but

ultimately, to make sure that this doesn't have the kinds of spillover effects that become even more difficult to control.

So thank you very much to the entire team that's already doing this work. And please know that you've got your President and Commander in Chief behind you. All right?

Thank you.

NOTE: The President spoke at 4:01 p.m. In his remarks, he referred to Bryce Gartland, vice president of operations, and Bruce Ribner, director of the infectious disease unit, Emory University Hospital; Kent P. Brantly, former medical director, Samaritan's Purse Ebola Case Management Center in Monrovia, Liberia; U.S. Ebola patient Nancy Writebol, a missionary who contracted the disease in Liberia and was discharged on August 19; and Jatu, Fotay, and Zennah Zombo and Abraham Sesky, Liberians infected with the Ebola virus and awaiting treatment.

Categories: Addresses and Remarks : Centers for Disease Control and Prevention in Atlanta, GA, West African Ebola outbreak.

Names: Ban Ki-moon; Brantly, Kent P.; Frieden, Thomas R.; Gartland, Bryce; Ribner, Bruce; Sesky, Abraham; Williams, Darryl A.; Zombo, Fotay; Zombo, Jatu; Zombo, Zennah.

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